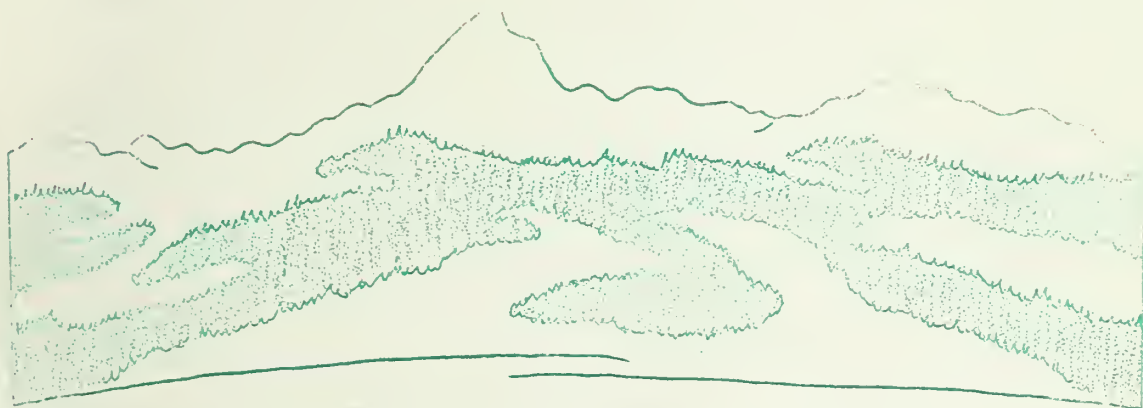


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THE MONTANA MAVERICK

A publication of Warm Springs State Hospital, Warm Springs, Montana

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SCHOOL OF PRACTICAL NURSING OPENS

The institutions in the State of Montana, in order to comply with Montana Nurse Practice Laws, are faced with the overwhelming problem of staffing their hospitals with sufficient Registered Nurses and Licensed Practical Nurses to carry out the administration of medications and treatments. The demand for Licensed Practical Nurses far exceeds the supply of qualified people now available or who will be available under training programs presently operating in Montana.

After an extensive study of this situation, a plan was evolved whereby a Practical Nursing Program set up at Warm Springs State Hospital, with affiliation to Galen State Hospital and Anaconda Community Hospital, seemed the best and only feasible solution to this pressing situation. Many months of planning went into the development of the curriculum, with the resultant granting of approval by the Montana State Board of Nursing.

Warm Springs State Hospital opened its School of Practical Nursing, January 3, 1972, with twenty-four students enrolled. This year's program is being sponsored by three government programs and by Warm Springs State Hospital. The programs involved are the Manpower Development and Training Act, the Work Incentive Program and the Concentrated Employment Program. The practical nursing program is a fifty-two week course qualifying the students at the successful completion of the course to take the state licensing examination and become Licensed Practical Nurses.

Faculty for the school include: Jane Edwards, R.N., B.S., Director; Beverly Murray, R.N. and Katherine Slezak, R.N., B.S., Clinical Instructors; and Babe Hannon, Secretary.

A very comprehensive program is being offered to the students in all areas of nursing. Their classes to date have included Nursing Arts, Anatomy and Physiology, Microbiology, Nutrition and Diet Therapy, and Personal and Vocational Relationships. The remainder of their classes will include Pharmacology, Nursing Care in Illness, Normal Growth and Development, Care of Children, Maternal and Newborn Care, Care of the Mentally Ill, First Aid, and Home Nursing. Related clinical experiences are planned in Medical-Surgical Nursing, Maternity Nursing, Pediatrics, Care of the Mentally Ill, Geriatrics, and various hospital departments.

Under law the Licensed Practical Nurse is allowed to assist the Registered Nurse in giving complete nursing care to patients, including the keeping of records and administration of medications and treatments. The L.P.N. qualifies for employment in all areas of nursing including institutional nursing, home nursing, and office nursing.

Jane Edwards, R.N., B.S., Director

THE GENERAL EDUCATIONAL DEVELOPMENT PROGRAM (G.E.D.)

In recent years it has become increasingly difficult for anyone to secure employment or an advancement in their work without at least acquiring a high school diploma. Many people throughout the nation have had their high school education disrupted and were unable to continue for a variety of reasons. The G.E.D. diploma was developed at a national level with each state's Board of Education establishing minimum scores for passing the test that are consistent with the educational standards of that state.

In Montana, the State Superintendent of Public Instruction, under the authorization of the State Board of Education, issues the Montana High School Equivalency Certificate for those persons who successfully pass the five tests of the General Education Development Examination. This certificate is widely accepted in Montana in lieu of a high school diploma for employment and for entrance in many colleges, universities, and vocational training programs. Any person who is of age 18 or older is eligible to take the G.E.D. examination in Montana. Special permission may be granted by the G.E.D. committee in Helena for someone who is 17 years of age, providing he meets the necessary requirements.

Many people, age 17 years or older, who enter Warm Springs State Hospital have had their high school education disrupted for some time. The hospital school, as a function of the Activity Therapies Department, has offered a G.E.D. program for the past three years.

To qualify for the Warm Springs State Hospital G.E.D. program a person may be enrolled in the Title I School Program at the hospital if they are 20 years of age or younger. Persons, age 21 years or older, are referred by their treatment team and undergo an evaluation for educational potential and present academic achievement before being accepted into the program. Each G.E.D. candidate is placed on an individualized school program in order to receive individual instruction in needed areas. The G.E.D. test is administered at the hospital when any G.E.D. candidate is able to meet a certain level of academic performance.

In the calendar year of 1969, four students prepared for and took the G.E.D. examination; three passed. In 1970, seven out of seven students successfully took the examination. In 1971, twenty students took the examination and all passed.

During the past three years the G.E.D. program has provided an increasingly valuable mode of treatment for the patients involved. Not only does it render their time productive and enhance the feeling of self-esteem that comes with achievement, but serves as a stepping-stone to other educational objectives and employment opportunities.

Nannette C. Pierce
School Consultant



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MONTANA NURSES' ASSOCIATION
PSYCHIATRIC INTEREST GROUP

The 59th Annual Convention of the Montana Nurses' Association was held at Great Falls, October 12 through 15, 1971. Previous to the convention information regarding the formation of a Psychiatric Interest Group was received from the American Nurses' Association.

Questionnaires to determine if there were nurses interested in the formation of such a group in Montana were distributed at the convention. A meeting of interested nurses from several areas of nursing, including student nurses, was held October 13. Those present believe it to be imperative to form a Psychiatric Interest Group in Montana with the result that officers were appointed and goals to give direction to the group were developed.

The officers of the Psychiatric Interest Group are:

Chairman: Sue Barkley, Educational Director, Montana State University, Warm Springs Extended Campus, Warm Springs, Montana

Recorder: Mary Honaker, Public Health Nurse, Billings, Montana

Board Members: Dorothy Sowa, Instructor, Montana State University, Great Falls Extended Campus, Great Falls, Montana

Loly Foy, Community Services Nurse, Western Montana Regional Community Mental Health Center, Missoula, Montana

The areas of most immediate concern were identified by the group. The preplanning of release of patients from all hospitals and approaches to give follow-up assistance to patients was considered a problem. If patients live in major population centers, there is opportunity for follow-up care; however, patients living in rural areas suffer from lack of services. Public Health Nurses seem to be the most commonly used resources in these areas, but they are not consistently made aware of the patients' needs, nor can they carry the load.

How to help other nurses in communities become more effective in caring for emotionally ill patients was a major topic of discussion. Efforts might be directed toward using social groups, such as those including patients who have been mentally ill, to assist in supporting and getting information to people seeking help.

Communication among all disciplines involved in in-patient and out-patient care should be increased to be more effective. Nurses in

communities would like more support as they do care for mentally ill patients in and out of hospitals. As a result of this concern the names and addresses of members of the Montana Nurses' Association who indicated interest in the Psychiatric Division were obtained from the Association. The names may be obtained from each District or by contacting any of the four Board Members of the Psychiatric Interest Group. If there are no nurses listed in a community, a nurse desiring assistance may contact Board Members who will either give assistance or give help in getting assistance.

The Crisis Centers, their functions and Inservice Education were discussed. Nurses might offer assistance to personnel in these centers.

The work of this State Level Group must be done at the local level involving as many nurses as possible. Other significant people, lay and professional, should be considered and used as resource persons.

The goals stated at the meeting were:

- (a) to facilitate community involvement in promoting mental health, and
- (b) to help keep people out of hospitals.

A teleconference meeting, involving Warm Springs, Great Falls, and Billings, between Board Members was held February 17. The possibility of setting up a workshop through the Regional Medical Program will be investigated by Dorothy Sowa. Lola Foy will contact the Montana Mental Health Association to determine how the Psychiatric Interest Group and the Montana Mental Health Association can work together. Mary Honaker will contact the Montana Public Health Association for the same purpose. Ruth Vanderhorst, Psychiatric Nurse on the Montana Nurses' Association Council on Practice, was present at Billings with Mary Honaker. Those present will continue to work at getting information about the Psychiatric Interest Group available to names in the communities.

Any nurses wanting information or assistance in the area of mental health or illness are encouraged to contact their District Presidents or members of the Board.

Sue Barkley, Chairman
Psychiatric Interest Group
Montana Nurses' Association

SOME BASIC FACTS OR TRUTHS ABOUT ALCOHOL AND THE DRINKING OF ALCOHOLIC BEVERAGES

Some years ago an American humorist by the name of Art Ward said:

"Ignorance is not so much a lack of knowledge,
but that people know so many things that
just ain't so."

No where is this definition of ignorance more evident than in a discussion about drinking.

In our time we live in an education-conscious society, where more people than ever before in history can carry on intelligent conversations about such topics as space, world travel, etc. But when it comes to an intelligent discussion about drinking, often the most elementary understanding is replaced by foggy thinking.

Whether a drinker or an abstainer, nearly everyone today still believes a number of myths about alcohol and the use of alcoholic beverages that "just ain't so". So let us see if we can't explode some of these myths with true basic facts, then we may be able to help others gain a better understanding of the problem in general.

I - Alcohol is a stimulant -- "Myth".

The ingredient in all commonly used alcoholic beverages which produces the "effect" is ethyl alcohol. If used in its pure form, it is an irritant. It will irritate the sensitive membranes of the mouth and throat. In response to this irritation, there is a natural reflex action in the form of a temporary quickening of the heart action and a gasping for breath. This reflex to irritation is the only stimulating effect of alcohol on the human body and is the same effect produced when smelling salts is used.

Other than the initial effect sometimes produced by this irritation, the effect of alcohol is that of a depressant. Alcohol is absorbed into the blood stream from the stomach and the small intestine and of course is carried to the brain where it exerts its depressive action. The first area of the brain affected by alcohol is the area which regulates judgment, self-control, inhibitions and restraint. When inhibitions are eliminated or down and one is freed from restraints, he may react as though he is stimulated. He may laugh, and joke, and be considered by some to be the life of the party, but these reactions come not because the person is stimulated, they result from the depression of the higher centers of the brain which have resulted in a loss of judgment and self-control. Larger doses of alcohol usually makes the depressive effect of alcohol more obvious -- the drinker may stagger or fall, he even may go to sleep. At this stage it is much easier to understand that alcohol is a depressant.

II - A little drinking doesn't affect your driving -- "Myth".

The drinking driver is too often misleadingly referred to as a

"drunken driver". The term is misleading because a driver does not have to be obviously drunk to be under the influence of alcohol. There are drinkers who are able to walk straight, talk intelligently and coherently, and give every appearance of sobriety, while they are in an intoxicated condition. It is true that even a very intoxicated person can perform the mechanical functions of driving. He can start the car, get it going and steer it (all badly), but the important point is that he doesn't have the judgment and the reflexes to do these things safely, this is also true even after a few drinks.

Worse yet, many people who have had "just a couple" not only think they can make it home safely, but even feel that they can drive better; they squeeze through tighter places, take corners faster, and make better time all around. This suicidal notion that they are better drivers comes from the results of alcohol on the judgment areas of the brain, the first part of the nervous system affected by alcohol. Here the alcohol produces a feeling of unjustified confidence. The slightly intoxicated driver takes extra risks, but doesn't worry about them. How much can you safely drink and drive? NONE

III - A drink or two will improve your skill -- "Myth".

There have been many tests and experiments made in this area of the drinking problem, and not one of them showed that alcohol, in either large or small doses, ever improved the skill or performance of the person tested. A group of typists, as an example, were given small amounts of alcohol and although they felt extremely confident and even increased their typing speed, they made considerably more errors in their work. Fatigued people felt their tiredness vanish after a few drinks, but their actual muscular output was decreased. In another group, the time required to memorize 25 lines of written material was nearly doubled.

Don't be fooled. Alcohol does not increase skill or efficiency in the classroom, on the job, or anywhere else. It may increase a person's confidence, but the skill is always decreased. Another thing about alcohol is that it decreases self-criticism. In other words, alcohol can never make you do a thing better, but it may make you less ashamed of your mistakes.

IV - Alcohol warms the body -- "Myth".

A drink of whiskey or some other alcoholic beverage is bad medicine in cold weather. The use of alcoholic beverages may impart a sensation of warmth to the body by creating surface heat, but as the blood is brought to the skin's surface, the body loses heat, and the body temperature is actually lowered. This false sense of warmth may lead a person under the influence of alcohol to wear less clothing when going out into the cold weather.

Several years ago a 23 year old Chicago woman was found nearly frozen to death in an alley. Her body temperature was an incredible 64 degrees; breathing rate was three to five times a minute instead of the normal 18 to 22; her blood pressure was so low it could not be recorded accurately. Her survival from this experience made medical history. Medical reports showed that her blood alcohol level was .22% -- far

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beyond the legal limits of intoxication. There were some who commented on her remarkable survival by saying that she may have died had it not been for the alcohol in her blood. Actually, she probably would have been inside in some warm place had she not been so deeply under the influence of alcohol.

V - The "Magic Formula" for sobering up -- "Myth".

Almost everyone has probably heard most of the common remedies prescribed by well-meaning people. Food, exercise, fresh air, tomato juice, black coffee -- all thought by some to speed recovery from the effects of alcohol, are actually of little or no influence.

Alcohol leaves the body by oxidation at the rate of about 3/8 ounce per hour for a person weighing 150 pounds. This figure will vary according to body weight, food in the stomach, and other factors, but the general rule is that time and only time is the answer for getting rid of the effects of alcohol. The other "remedies" all may do something, but they don't sober a person up.

Black coffee as an example, though its stimulating caffeine will often arouse a sleeping drinker, but awake or asleep the person is still drunk.

The real danger in relying on such "remedies" to rid the body of alcohol is that a person may feel confident that he has sobered up as a result of his coffee, or cold shower, or what-have-you. In such a state of mind, he may climb behind the wheel of his car and try to drive home. Under such conditions a bad wreck may be the result.

VI - Alcoholics are Skid Row bums -- "Myth".

Tragically, for those afflicted, the word "alcoholic" has become almost synonymous with words like derelict, bum, tramp, degenerate, drunk, etc., in the minds of many people. When the word "alcoholic" is mentioned immediately a mental picture forms of what has been considered as being "typical" -- the skid row habitue.

Doctors, ministers, teachers, lawyers, business executives, have been among the hundreds of alcoholics seen, counseled and treated at Montana Alcoholism Treatment Program in the last few years. There is no such a thing as a "typical" alcoholic, they come from a cross section of our society.

It is estimated that less than four percent of the total alcoholic population in this country are found on Skid Rows. It is further believed that no more than fifteen percent of those living on skid rows are alcoholics -- so you don't need to look for him on Skid Row. He can be found in your own community. He won't look any different than anybody else.

Edward Gendle
Coordinator, Alcoholic Treatment
and Rehabilitation Program

